

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

GOOD HANDS MEDICAL TRANSPORTATION, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)

4 7 - 3 8 9 6 1 7 5

4. Debtor's address**Principal place of business**

8703 Beringer Drive

Number Street

Richmond, TX 77469

City State ZIP Code

Fort Bend

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

WWW.GOODHANDSNEMT.COM

6. Type of debtor☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4 8 5 9**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____

List all cases. If more than 1, attach a separate list.

District _____ When _____
MM / DD / YYYY

Case number, if known _____

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING --

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/13/2023
MM/ DD/ YYYY

X

/s/ Hazem Anwar Bataineh

Signature of authorized representative of debtor

Hazem Anwar Bataineh

Printed name

Title Owner/Director

18. Signature of attorney

X

/s/ Robert C Lane

Signature of attorney for debtor

Date 07/13/2023

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 TDECUChecking account7212\$98.603.2 TDECU Business SavingsSavings account7071\$5.00**4. Other cash equivalents (Identify all)**

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$103.60**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**☒ No. Go to Part 3.☐ Yes. Fill in the information below.**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

None

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

None

9. Total of Part 2

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts Receivable**

11a. 90 days old or less:	<u>\$140,564.00</u>	-	<u>\$10,500.00</u>	= →	<u>\$130,064.00</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	_____	-	_____	= →	_____
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$130,064.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used for
current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of fund or stock:	% of ownership:
------------------------	--------------------

None

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description

Date of the last
physical inventoryNet book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of debtor's
interest**19. Raw materials**

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

General description**Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest****28. Crops — either planted or harvested**

None

29. Farm animals *Examples: Livestock, poultry, farm-raised fish*

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1 <u>Desks (5)</u>	<u>(Unknown)</u>		<u>\$500.00</u>
Additional Page Total - See continuation page for additional entries			<u>\$1,925.00</u>
40. Office fixtures			
None			
41. Office equipment, including all computer equipment and communication systems equipment and software			
41.1 <u>Printer</u>	<u>(Unknown)</u>		<u>\$70.00</u>
Additional Page Total - See continuation page for additional entries			<u>\$1,200.00</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
None			
43. Total of Part 7			<u>\$3,695.00</u>
Add lines 39 through 42. Copy the total to line 86.			
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Part 8: Machinery, equipment, and vehicles			
46. Does the debtor own or lease any machinery, equipment, or vehicles?			
<input type="checkbox"/> No. Go to Part 9.			
<input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 <u>2012 Dodge Grand Caravan / VIN: 2C4JDGAG8CR405014</u>	<u>(Unknown)</u>		<u>\$2,500.00</u>

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

47.2 2009 Toyota Sienna / VIN: 5TDZK23C79S275832 (Unknown) \$3,200.0047.3 2005 Toyota Sienna / VIN: 5TDZA22C25S296148 (Unknown) \$1,550.00Additional Page Total - See continuation page for additional entries \$25,267.0048. **Watercraft, trailers, motors, and related accessories** Examples:
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. **Aircraft and accessories**

None

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

None

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$32,517.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real Property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.**General description**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

Office Space	Lease	(Unknown)	(Unknown)
55.1 <u>710 W. Jackson St. El Campo, TX 77437</u>			

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description

Net book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of debtor's
interest

60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

61.1 www.goodhandsnemt.com (Unknown) \$1.00

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

None

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

☒ No. Go to Part 12.☐ Yes. Fill in the information below.Current value of debtor's
interest

71. Notes receivable

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed *Examples:* Season tickets,
country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$103.60</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$130,064.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,695.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$32,517.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$166,380.60</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$166,380.60</u>

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Additional Page

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture - <i>Continued</i>			
39.2 <u>Chairs (6)</u>	<u>(Unknown)</u>	_____	<u>\$200.00</u>
39.3 <u>Filing Cabinet</u>	<u>(Unknown)</u>	_____	<u>\$100.00</u>
39.4 <u>Table</u>	<u>(Unknown)</u>	_____	<u>\$125.00</u>
39.5 <u>Phones (6)</u>	<u>(Unknown)</u>	_____	<u>\$1,500.00</u>
41. Office equipment - <i>Continued</i>			
41.2 <u>Computers (6)</u>	<u>(Unknown)</u>	_____	<u>\$1,200.00</u>
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles - <i>Continued</i>			
47.4 <u>2017 Hyundai Elentra / VIN: KMHD84LF5HU244874</u>	<u>(Unknown)</u>	_____	<u>\$4,567.00</u>
47.5 <u>2013 Dodge Grand Caravan / VIN: 2C4RDGCG4DR687749</u>	<u>(Unknown)</u>	_____	<u>\$10,400.00</u>
47.6 <u>2014 Toyota Sienna / VIN: 5TDZK3DC7ES414422</u>	<u>(Unknown)</u>	_____	<u>\$3,400.00</u>
47.7 <u>2016 Hyundai Sonata / VIN: 5NPE24AF4GH314676</u>	<u>(Unknown)</u>	_____	<u>\$6,900.00</u>

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim

Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

E-Advance Services

Describe debtor's property that is subject to a lien

\$64,588.00unknown

Creditor's mailing address

370 Lexington Ave 801New York, NY 10017

Describe the lien

UCC Lien

Creditor's email address, if known

Date debt was incurred 03/08/2023

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Last 4 digits of account number

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,086,914.00

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Part 1: Additional Page*Column A***Amount of claim**Do not deduct the value
of collateral.*Column B***Value of collateral
that supports this
claim****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

2.2 Creditor's name <u>U.S. Small Business Administration</u>	Describe debtor's property that is subject to a lien 	<u>\$2,022,326.00</u>	<u>unknown</u>
Creditor's mailing address <u>Little Rock Commercial Loan</u> <u>Servicing Center</u> <u>2120 Riverfront Drive Suite 100</u> <u>Little Rock, AR 72202</u>	 Describe the lien <u>Secured Lien on All Assets</u>		
Creditor's email address, if known 	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred 	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number <u>7</u> <u>8</u> <u>0</u> <u>9</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____			
Remarks: EIDL			

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
RTR Recovery, LLC		
122 East 42nd Street Suite 2112	Line 2. <u>1</u>	_____
New York, NY 10168		
_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

_____	Line 2. ____	_____

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Bizfund LLC</u> <u>2371 Mcdonald Ave 2nd Fl</u> <u>Brooklyn, NY 11223</u> Date or dates debt was incurred <u>11/28/2022</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Merchant Cash Advance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$106,984.00
3.2	Nonpriority creditor's name and mailing address <u>Fox Capital Group, Inc.</u> <u>803 S 21st Avenue</u> <u>Hollywood, FL 33020</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Merchant Cash Advance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$132,734.00
3.3	Nonpriority creditor's name and mailing address <u>Jocelyn Miller</u> <u>c/o VB Attorneys</u> <u>6363 Woodway Drive Suite 400</u> <u>Houston, TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes unknown
3.4	Nonpriority creditor's name and mailing address <u>U.S. Small Business Administration</u> <u>Little Rock Commercial Loan Servicing Center</u> <u>2120 Riverfront Drive Suite 100</u> <u>Little Rock, AR 72202</u> Date or dates debt was incurred <u>04/07/2022</u> Last 4 digits of account number <u>8 6 0 7</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes unknown

Debtor **GOOD HANDS MEDICAL TRANSPORTATION, LLC**

Name

Case number (if known)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Beckcom, Brian 6363 Woodway Dr 400 Houston, TX 77057	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____
4.2	Brian Schechter, Esq. 2371 McDonald Avenue Brooklyn, NY 11223	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$239,718.005c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.5c. \$239,718.00

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Service Agreement</u> <u>Contract to be ASSUMED</u>	<u>Modivcare Solutions LLC</u> <u>12234 N Interstate 35</u> <u>Austin, TX 78753</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Office Space</u> <u>Contract to be ASSUMED</u>	<u>Yonek, Debbie</u> <u>PO Box BOX 1464</u> <u>El Campo, TX 77437</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Vehicle Lease</u> <u>Contract to be ASSUMED</u>	<u>Bataineh, Hazem</u> <u>8703 Beringer Drive</u> <u>Richmond, TX 77469</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.****Column 1: Codebtor****Name****Mailing address****Column 2: Creditor****Name***Check all schedules that apply:*2.1 Bataineh, Hazem8703 Beringer Drive
StreetRichmond, TX 77469

City State ZIP Code

U.S. Small Business Administration☒ D
☐ E/F
☐ GE-Advance Services☒ D
☐ E/F
☐ GBizfund LLC☐ D
☒ E/F
☐ G2.2 Bataineh, Hazem8703 Beringer Drive
StreetRichmond, TX 77469

City State ZIP Code

U.S. Small Business Administration☒ D
☐ E/F
☐ GE-Advance Services☒ D
☐ E/F
☐ GBizfund LLC☐ D
☒ E/F
☐ G2.3 Better Solution Inc.8703 Beringer Drive
StreetRichmond, TX 77469

City State ZIP Code

E-Advance Services☒ D
☐ E/F
☐ GBizfund LLC☐ D
☒ E/F
☐ G

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing address	Name	Check all schedules that apply:
2.4	Better Transport Services	8703 Beringer Drive Street Richmond, TX 77469 City State ZIP Code	Bizfund LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Starrz Ultimate Services LLC	100 S 8th Street Street Richmond, TX 77469 City State ZIP Code	E-Advance Services Bizfund LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Wellride LLC	8703 Beringer Drive Street Richmond, TX 77469 City State ZIP Code	E-Advance Services Bizfund LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$166,380.60**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$166,380.60**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$2,086,914.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$239,718.00**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$2,326,632.00

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22**The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).****Part 1: Income****1. Gross revenue from business**☐ None**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2023 to Filing date
MM/ DD/ YYYY☒ Operating a business\$1,156,007.00☐ Other _____**For prior year:**From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$3,810,287.00☐ Other _____**For the year before that:**From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$2,369,440.00☐ Other _____**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.☒ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2023 to Filing date
MM/ DD/ YYYY**For prior year:**From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY**For the year before that:**From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
_____	_____	_____	
Street _____	_____	_____	
City State ZIP Code	_____	_____	

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Bataineh, Hazem</u> Creditor's name	<u>07/12/2022</u>	<u>\$24,000.00</u>	<u>Lease payments for vehicles. These payments</u> average \$2,000 per month for the leasing of ten vehicles to Debtor. The calculation is \$200 per month per vehicle. The \$24,000 was not paid in a lump sum, but included in Owner's compensation. Owner, like all employees, is paid twice per month.
<u>8703 Beringer Drive</u> Street			
<u>Richmond, TX 77469</u> City State ZIP Code			
Relationship to debtor <u>Member</u>			
4.2. <u>Bataineh, Hazem</u> Creditor's name	<u>07/12/2023</u>	<u>\$38,400.00</u>	<u>Member is paid \$3,200 per month as W2 salary.</u> Member is paid twice per month, as all Debtor's workers are paid. This \$38,400.00 is the sum of the past one year of salary, and was not paid in a lump on 7/12/23.
<u>8703 Beringer Drive</u> Street			
<u>Richmond, TX 77469</u> City State ZIP Code			
Relationship to debtor <u>Member</u>			

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

4.3. Bataineh, Hazem 07/12/2023 \$117,600.00

Creditor's name

8703 Beringer Drive

Street

Richmond, TX 77469

City

State

ZIP Code

Relationship to debtor

Member

Member took draws of approximately \$9,800 per month. The \$117,600.00 is the total for the past one year and was not paid in a lump sum on 7/12/23.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name

Street

City

State

ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

XXXX- _ _ _ _

Street

City

State

ZIP Code

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known)

Name

7.1.	Case title	Nature of case	Court or agency's name and address	Status of case
	<u>BIZFUND LLC vs Good Hands Medical Transportation, LLC, et al</u>	<u>Contract</u>	<u>Supreme Court of the State of New York</u> County of Kings Name <u>360 Adams St 4</u> Street <u>Brooklyn, NY 11201</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	<u>512518/2023</u>			
7.2.	Case title	Nature of case	Court or agency's name and address	Status of case
	<u>E Advance Services</u>	<u>Contract</u>	<u>Kings County Supreme Court</u> Name <u>360 Adams St #4</u> Street <u>Brooklyn, NY 11201</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	<u>517620/2023</u>			
7.3.	Case title	Nature of case	Court or agency's name and address	Status of case
	<u>Jocelyn Miller vs Good Hands Medical Transportation LLC</u>	<u>Injury</u>	<u>189th District Court Harris County Texas</u> Name <u>201 Caroline 12th Floor</u> Street <u>Houston, TX 77002</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
	<u>2023-32005</u>			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	<u>Custodian's name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	Case title Case number Date of order or assignment	Court name and address <u>Name</u> <u>Street</u> <u>City</u> <u>State</u> <u>ZIP Code</u>

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

9.1.

Recipient's name and address**Description of the gifts or contributions****Dates given****Value**

Recipient's name

Street

City State ZIP Code

Recipient's relationship to debtor**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).**Date of loss****Value of property lost**

10.1.

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?**If not money, describe any property transferred****Dates****Total amount or value**

The Lane Law Firm

Attorney's Fee

5/26/2023

\$7,500.00

Address

Attorney's Fee

6/27/2023

\$7,500.00

6200 Savoy Suite 1150

Attorney's Fee

07/12/2023

\$15,000.00

Street

Houston, TX 77036

City State ZIP Code

Email or website address**Who made the payment, if not debtor?**

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City State ZIP Code			
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

14.1.	Address	Dates of occupancy
	215 Silver Ripple Dr.	From _____ To _____
	Street	
	Richmond, TX 77469	
	City State ZIP Code	

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.**How are records kept?**

Check all that apply:

☐ Electronically☐ Paper**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

☐ No☐ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☐ Yes. Fill in below:**Name of plan****Employer identification number of the plan**

EIN: _ _ - _ _ _ _ _

Has the plan been terminated?

☐ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None**Financial institution name and address****Last 4 digits of account number****Type of account****Date account was closed, sold, moved, or transferred****Last balance before closing or transfer**

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC Case number (if known) _____

Name

18.1 Bank of America XXXX- 7 8 1 1 ☒ Checking November \$0.00
 Name Attn: Bankruptcy Dept.
 Street 4161 Piedmont Parkway
Greensboro, NC 27420-6012
 City State ZIP Code ☐ Savings
☐ Money market
☐ Brokerage
☐ Other

18.2 Chase Bank XXXX- 6 8 7 2 ☒ Checking 05/15/2023 \$0.00
 Name 270 Park Avenue
 Street New York, NY 10017
 City State ZIP Code ☐ Savings
☐ Money market
☐ Brokerage
☐ Other

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Provide details below.

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
_____	_____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	_____

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name _____ Street _____ _____	_____	EIN: _____ Dates business existed From _____ To _____
City _____ State _____ ZIP Code _____		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Abir Elfshawy</u> Name _____ <u>19714 Canyon Gate Ct</u> Street _____ _____	From <u>2018</u> To <u>present</u>
<u>Katy, TX 77450</u> City _____ State _____ ZIP Code _____	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>Abir Elfshawy</u> Name _____ <u>19714 Canyon Gate Ct</u> Street _____ _____	From _____ To _____
<u>Katy, TX 77450</u> City _____ State _____ ZIP Code _____	

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name

Case number (if known) _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Abir Elfishway

Name

19714 Canyon Gate Ct

Street

Katy, TX 77450

City

State

ZIP Code

- 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

Bataineh, Hazem

8703 Beringer Drive Richmond, TX 77469

Member, Owner

100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

From _____
To _____**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Bataineh, Hazem Has Received compensation of 07/12/2023 Receives \$800
 Name \$180,000.00 weekly in salary plus
8703 Beringer Drive owner draws
 Street
Richmond, TX 77469
 City State ZIP Code

Relationship to debtorOwner**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?☒ No☐ Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: ____ - ____ - ____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/13/2023
 MM/ DD/ YYYY

X /s/ Hazem Anwar Bataineh
 Signature of individual signing on behalf of the debtor

Printed name Hazem Anwar Bataineh

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case number (if known) _____

Name

Position or relationship to debtor Owner/Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Bizfund LLC 2371 Mcdonald Ave 2nd Fl Brooklyn, NY 11223		Merchant Cash Advance	Disputed			\$106,984.00
2	E-Advance Services 370 Lexington Ave 801 New York, NY 10017		UCC Lien	Disputed			\$64,588.00
3	Fox Capital Group, Inc. 803 S 21st Avenue Hollywood, FL 33020	underwriting@foxbusinessfunding.com	Merchant Cash Advance	Disputed			\$132,734.00
4	U.S. Small Business Administration Little Rock Commercial Loan Servicing Center 2120 Riverfront Drive Suite 100 Little Rock, AR 72202		Secured Lien on All Assets				\$2,022,326.00
5							
6							
7							
8							

Debtor GOOD HANDS MEDICAL TRANSPORTATION, LLC
Name _____

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re GOOD HANDS MEDICAL TRANSPORTATION, LLC

Case No. _____

DebtorChapter 11**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$47,500.00

Prior to the filing of this statement I have received \$30,000.00

Balance Due \$17,500.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/13/2023

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: **GOOD HANDS MEDICAL
TRANSPORTATION, LLC**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/13/2023

Signature /s/ Hazem Anwar Bataineh
Hazem Anwar Bataineh, Owner/Director

HAZEM BATAINEH
8703 BERINGER DRIVE
RICHMOND, TX 77469

HAZEM BATAINEN
8703 BERINGER DRIVE
RICHMOND, TX 77469

BRIAN BECKCOM
6363 WOODWAY DR 400
HOUSTON, TX 77057

BETTER SOLUTION INC.
8703 BERINGER DRIVE
RICHMOND, TX 77469

BETTER TRANSPORT
SERVICES
8703 BERINGER DRIVE
RICHMOND, TX 77469

BIZFUND LLC
2371 MCDONALD AVE 2ND FL
BROOKLYN, NY 11223

BRIAN SCHECHTER, ESQ.
2371 MCDONALD AVENUE
BROOKLYN, NY 11223

KYLER BURGI
1550 17TH STREET 500
DENVER, CO 80202

E-ADVANCE SERVICES
370 LEXINGTON AVE 801
NEW YORK, NY 10017

FOX CAPITAL GROUP, INC.
803 S 21ST AVENUE
HOLLYWOOD, FL 33020

GOOD HANDS MEDICAL
TRANSPORTATION, LLC
8703 BERINGER DRIVE
RICHMOND, TX 77469

JOCELYN MILLER
C/O VB ATTORNEYS
6363 WOODWAY DRIVE SUITE 400
HOUSTON, TX 77057

MODIVCARE SOLUTIONS LLC
12234 N INTERSTATE 35
AUSTIN, TX 78753

RTR RECOVERY, LLC
122 EAST 42ND STREET SUITE 2112
NEW YORK, NY 10168

STARRZ ULTIMATE SERVICES
LLC
100 S 8TH STREET
RICHMOND, TX 77469

THE LANE LAW FIRM
6200 SAVOY DR STE 1150
HOUSTON, TX 77036-3369

U.S. SMALL BUSINESS
ADMINISTRATION
LITTLE ROCK COMMERCIAL LOAN
SERVICING CENTER
2120 RIVERFRONT DRIVE SUITE 100
LITTLE ROCK, AR 72202

WELLRI DE LLC
8703 BERINGER DRIVE
RICHMOND, TX 77469

DEBBIE YONEK
PO BOX BOX 1464
EL CAMPO, TX 77437

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to the debtor's condition on .

a. Total assets	\$166,380.60
b. Total debts (including debts listed in 2.c., below)	\$2,326,632.00
c. Debt securities held by more than 500 holders	

Approximate
number of
holders:

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

d. Number of shares of preferred stock

e. Number of shares common stock

Comments, if any:

3. Brief description of debtor's business NON-EMERGENCY MEDICAL TRANSPORTATION, TRANSPORTING THE OLD AND SICK AND SUBCONTRACTED WITH MEDICAID SYSTEM

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name GOOD HANDS MEDICAL TRANSPORTATION, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/13/2023
MM/ DD/ YYYY

X /s/ Hazem Anwar Bataineh
Signature of individual signing on behalf of debtor

Hazem Anwar Bataineh
Printed name

Owner/Director
Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: **GOOD HANDS MEDICAL
TRANSPORTATION, LLC**

CASE NO

CHAPTER 11

**DECLARATION FOR ELECTRONIC FILING OF BANKRUPTCY
PETITION, LISTS, STATEMENTS, AND SCHEDULES**

PART I: DECLARATION OF PETITIONER:

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company seeking bankruptcy relief in this case, I hereby request relief as, or on behalf of, the debtor in accordance with the chapter of title 11, United States Code, specified in the petition to be filed electronically in this case. I have read the information provided in the petition, lists, statements, and schedules to be filed electronically in this case and I HEREBY DECLARE UNDER PENALTY OF PERJURY that the information provided therein, as well as the social security information disclosed in this document, is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after the petition, lists, statements, and schedules have been filed electronically. I understand that a failure to file the signed original of this Declaration will result in the dismissal of my case.



[Only include for Chapter 7 individual petitioners whose debts are primarily consumer debts] --

I am an individual whose debts are primarily consumer debts and who has chosen to file under chapter 7. I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each chapter, and choose to proceed under chapter 7.



[Only include if petitioner is a corporation, partnership or limited liability company] --

I hereby further declare under penalty of perjury that I have been authorized to file the petition, lists, statements, and schedules on behalf of the debtor in this case.

Date
07/13/2023

/s/ Hazem Anwar Bataineh
Hazem Anwar Bataineh
Owner/Director
EIN No. 6 1 7 5

PART II: DECLARATION OF ATTORNEY:

I declare UNDER PENALTY OF PERJURY that: (1) I will give the debtor(s) a copy of all documents referenced by Part I herein which are filed with the United States Bankruptcy Court; and (2) I have informed the debtor(s), if an individual with primarily consumer debts, that he or she may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Date
07/13/2023

/s/ Robert C Lane
Robert C Lane
Attorney